

City of Bullhead City Police Department

DECLARATION OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I,	_, the undersigned, declare the following	g:
I am years of age and am not a member of the Bullhead City Police Department. I have made a voluntary request to participate in the <i>Ride-Along</i> Program of the Bullhead City Police Department. I will accompany any member of the Bullhead City Police Department to whom I may be assigned during the performance of his/her official duties, which may include riding with said officer in a police vehicle, and being present at the scene of a criminal investigation or other emergencies. Please note, a <i>Ride-Along</i> participant cannot enter the private property or premises of any individual. <i>Ride-Along</i> participation is limited to public property areas.		
I understand that the Bullhead City Police Department will allow me to participate in its <i>Ride-Along</i> Program only on the condition that I release the City of any and all risks involved, and/or associated in said participation, and that I release the City of Bullhead City, its officers, agents, and employees from all liability, and I agree to these conditions.		
I understand that the duties of the Bullhead City Police Department are inherently dangerous and that I may be subjected to the risk of death or personal injury or of damage to my property during my participation in the <i>Ride-Along</i> Program. I further understand that said risks may arise from, but are not limited to, civil disturbances; explosions or shootings; the effects of wind, rain, fire and gas; assaults and/or batteries; and vehicular collision; and I freely and voluntarily assume all of said inherent risks, whether or not they are listed herein.		
In consideration of my being permitted to participate in the <i>Ride-Along</i> Program, I agree to be bound by all orders, rules, and regulations concerning my participation; to promptly obey all instructions of any police officer; and to release the City of Bullhead City, its officers, agents, and employees from any liability arising out of my said participation. I have had the above-mentioned risks fully explained to me and I have read and understand the contents of this document and I fully assume such risks and sign this document of my own free will. I declare that the foregoing is true and correct.		
Executed this day of	, 20	, at Bullhead City, Arizona.
Signature of Witness Signature of Applicant/Declarant *Signature of Parent/Guardian (If Minor) *INDIVIDUALS UNDER 16 YEARS OF AGE MUST HAVE THE WRITTEN APPROVAL OF THE CHIEF OF POLICE		
Name		
AgeDate of Birth	Telephone: Home	Work
Health Information (List any health problems known to you. If in good health, so state):		
In case of an emergency, notify: Name	Address:	
Relationship	Telephone: Home	Work
Signature of Applicant		
TO BE COMPLETED BY AUTHORIZING	G OFFICER	☐ DENIED
☐ APPROVED	Data Assi	
Officer Assigned Reason for Denial		igned
AUTHORIZED BY		

 ${\bf Can\,only\,be\,authorized\,by\,a\,Commissioned\,Officer\,(Lieutenant\,through\,Chief\,of\,Police)}$